

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90477 028 ***150.00

DOCUMENT # L79876

1. Entity Name

EXECUTIVE AVIONICS, INC.

Principal Place of Business

1685 W COMMONIAL
 BOX L 14
 FT LAUDERDALE FL 33309
 US

Mailing Address

1685 W COMMONIAL
 BOX L 14
 FT LAUDERDALE FL 33309
 US

UUU24423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1909 NW 51st Street

Suite, Apt. #, etc.

HANGAR 44 W/O

City & State

Fort Lauderdale FL

Zip

33309

Country

USA

3. Mailing Address

1909 NW 51st Street

Suite, Apt. #, etc.

Box L-14

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

4. FEI Number **59-3044855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAHOON, DANIEL
1995 W COMMERCIAL BLVD SUITE L
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **DANIEL CAHOON**
 Street Address (P.O. Box Number is not acceptable) **1909 NW 51st Street - HGR 44 W/O**
 City **Fort Lauderdale** FL Zip Code **33309**

8. The above named person submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Daniel Cahoon, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12 FEB 2001

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **CAHOON, DANIEL**
 STREET ADDRESS **5350 NW 21ST AVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Daniel Cahoon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 FEB 2001

Date

Daytime Phone #

954-772-7335

CR20034 (10/00)